IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses 1109 Main Street, Suite 220 Boise, Idaho 83702-5642

cos@ibol.idaho.gov

STUDENT REGISTRATION APPLICATION

Complete this form by providing the requested information and submit it to the address noted above. The signatures of the applicant and school agent must be notarized and the fee (\$20.00) must be attached. FEES ARE NONREFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS.

<u>THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING.</u> Should the information you provide be found to be untrue or inaccurate, or the fees be non-collectable, your registration and training will be invalid.

I hereby submit my application to be registered a [] Cosmetology] Esthetics [] [Electrology	•	
1. Full Name (Mr., Mrs., or Ms.)(Your full legal name is required. Legal documentation of any name ch	nanges from birth to the present m	 ay be required.)		
2. Address of Record			<u>-</u>	
(The above address is public record) Street	City	State	Zip	
3. Mailing address (The above address is not public record) Street	City	State	Zip	
4. Place of Birth	Date of Birth	1 1		
4. Place of Birth Date of Birth// city & state month day year (School must receive proof of being at least16 ½ years of age. Birth certificate, passport, or valid driver's license is acceptable.)				
5. SS # Phone # ()	E-mail			
 6. Do you have at least a tenth (10th) grade education (Proof of education must be provided to the school. i.e., a copy of Name change documentation is required if your name has change. 7. Name of Cosmetology school you will attend (You 	of your school diploma, transcr ged since birth.)	ript, GED, or equi		
Name of school		School Lice	nse #	
8. Have you ever been convicted of any State or Federal felony? []Yes []No (If yes, please attach a detailed statement, & official court documents that include a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)				
9. Have you received prior cosmetology or barber tra (If Yes, please attach the name of the school you attended, you]No d.)	
10. Are you or have you ever been licensed in any oth (If Yes, certified documentation must be received by the Board of]No	
11. Have you ever had a license revoked, suspended, of (If Yes, please attach a detailed statement, & official disciplinary final order, and any other relevant information.)]No ges, the	

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STUDENT REGISTRATION APPLICATION

(continued)

APPLICANT AFFIDAVIT

I hereby certify under oath that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed the requirements for training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release upon request of information about me that may otherwise be protected or confidential to other governmental entities.

	Signature of applicant	_
State of, County of Subscribed and sworn before me this	, ss. day of	, 20
(Seal)		
	Notary Public official sigmy commission expires	nature
	SCHOOL AFFIDAVIT	
	ng under the immediate per agree to comply with all law ents may result in disciplinated on and attached to this alve confirmed the true ident on that the applicant is not lon requirement.	sonal supervision of an appropriately is and rules concerning training and that ary action against any personal licenses application is true and accurate to the best ity of the applicant and that I have received ess than 16 ½ years of age and that the anamed applicant is being registered
Print school agent name	Signature	e of school agent
State of, County of Subscribed and sworn before me this	, ss. day of	, 20
(seal)		
	Notary Public official sig my commission expires	

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